Field	Description	Data Type	Length
CR	County of Responsibility	Character	2
DOB	Date of birth of the Member	Date (MM/DD/CCYY)	10
ENROLL EFF	The effective date of the enrollment in the waiver program	Date (MM/DD/CCYY)	10
ENROLL END	The end date of the enrollment in the waiver program	Date (MM/DD/CCYY)	10
FIRST NAME	First name of the Member	Character	15
LAST NAME	Last name of the Member	Character	20
LOC	The waiver program acronym that is associated to the functional level of care	Character	10
LOC EFF	The functional level of care effective date	Date (MM/DD/CCYY)	10
LOC END	The functional level of care end date	Date (MM/DD/CCYY)	10
MAID	Member ID	Character	12
RECERT DUE	The date the Member is due for recertification for the waiver program	Date (MM/DD/CCYY)	10
SRT RSN	The start reason code for the waiver enrollment	Character	2
STATUS	The enrollment segment status. A = Active and S = Suspended	Character	1
STP RSN	The end reason code for the waiver enrollment	Character	2
TARGET GROUP	The population target group associated to the functional level of care	Character	40

Total Member List Report for Waiver Agencies (ELG-0087-M)